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FUTURE PROGRAMME DIRECTIONS OF UNFPA IN LIGHT OF THE OUTCOME OF THE FIVE-YEAR REVIEW OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD+5)

TABLE OF CONTENTS

Page

I. INTRODUCTION 2

II. RESPONDING TO ICPD+5 4
A. The challenges of the ICPD+5 4
B. Proposed UNFPA substantive focus 6

III. WORKING ARRANGEMENTS AND COORDINATION MECHANISMS 13

IV. ELEMENTS OF A DECISION 15

ANNEX I 17

ANNEX II 18

/...

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I. INTRODUCTION

1. This report has been prepared in response to UNDP/UNFPA Executive Board decision 99/18, which requested the Fund to present a report "on the strategic role of UNFPA in supporting countries' implementation of relevant key actions contained in the report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly". It was also requested that the report: (a) be prepared in parallel to the multi-year funding framework report; (b) describe UNFPA's leadership role to ensure availability of reproductive health services and products; (c) outline working arrangements and coordination mechanisms with Governments, other United Nations agencies and donors; and (d) present strategic priorities that would "guide and focus the Fund's actions, engagement, and resource allocation".

2. The proposed future directions and strategies for UNFPA identified in this report correspond to those outlined in the document presented to the Executive Board at the second regular session on the multi-year funding framework (MYFF) 2000-2003 (DP/FPA/2000/6), and endorsed by the Board in its decision 2000/9, and will be fully incorporated into the process of results-based management within the Fund. This report has been prepared on a close parallel track to that of the MYFF in order to ensure a unified and complementary approach. In particular, the three goals selected for the MYFF reflect the Fund's three core programme areas.

3. Following the International Conference on Population and Development (ICPD) in 1994, the Fund prepared a report to the Executive Board (DP/1995/25) outlining its proposed programme priorities and future directions. In its decision 95/15, the Executive Board endorsed three core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. It was agreed that the selection of these three areas (prior to this, the Fund's assistance had been provided in eight workplan categories) would enable UNFPA to sharpen the strategic focus of its programming; capitalize on its comparative advantage and experience in the population and development field; and allow the Fund to pursue a more holistic approach in assisting countries to address their specific population needs. These three programme priority areas have served UNFPA well since the ICPD, but their review in light of the ICPD+5 review process is timely.

4. The ICPD+5 review process provided the opportunity to undertake an overall review of national experiences in implementing the ICPD Programme of Action. This process included a UNFPA field enquiry; the conclusions and recommendations from three ICPD+5 round tables and four technical symposiums; regional consultations by the five United Nations regional commissions; and The Hague Forum, which was preceded by meetings of key partner groups -- parliamentarians, non-governmental organizations (NGOs) and youth. The process culminated in the 21st Special Session of the United Nations General Assembly, which adopted a resolution on "Key actions for further implementation of the Programme of Action of the International Conference on Population and Development" on 2 July 1999 (see document A/RES/S-21/2).

5. The wide-ranging review undertaken in the ICPD+5 review process identified both significant progress in implementing the ICPD Programme of Action and a number of constraints. Areas of progress included: the integration of population concerns into development

strategies; policy, legislative and institutional changes in the areas of population and development and reproductive health and rights; increased involvement of NGOs; increased participation of women at policy and decision-making levels; legislative changes outlawing violence against women, particularly female genital mutilation (FGM); the delivery of more comprehensive reproductive health packages at the primary-care level; greater attention to the needs of adolescents and to the roles and responsibilities of men; availability of a wider range of contraceptives; and greater attention to reducing maternal deaths as part of the right of women to reproductive health, as well as a greater focus on effective interventions. In addition, there was increased understanding of implementation processes and recognition of the need for greater involvement of civil society in the overall implementation of the ICPD Programme of Action.

6. Despite the progress that the ICPD+5 process documented, it also found a number of constraints to operationalizing the ICPD Programme of Action, including: the lack of reliable data to identify needs and priorities and to plan effective programmes; insufficient financial resources; continuing sensitivity concerning the reproductive health of adolescents; insufficient national technical capacity; and the not yet full involvement of civil society and the private sector. These constraints exist in an environment where gender equality is far from being achieved; where women continue to die, from childbirth and other causes, at unacceptably high rates; the HIV/AIDS pandemic is worsening; political instability and emergency situations continue to occur; and there are growing numbers of adolescents and elderly.

7. In reflecting on the future role of UNFPA against the backdrop of the progress made and challenges remaining, the Fund has come to two main conclusions: (a) the three UNFPA core programme areas endorsed in decision 95/15 remain valid although there is a need to sharpen the focus of the Fund's support within these areas in order to better respond to the population and reproductive health needs of countries and to assist countries to meet the goals and benchmarks of ICPD+5; and (b) there is a need to strengthen the inter-linkages between the three core programme areas.

8. UNFPA's support will continue to be focused at country level and will be based on the needs of the programme countries. All activities in UNFPA-assisted programmes will be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which were reaffirmed in the resolution of the General Assembly's special session on ICPD+5.

9. In addition, in sharpening the focus of its programme priorities the Fund is also taking account of trends in global demographic and reproductive patterns, including a continuing decline in the age at menarche for girls and a gradual increase in the age at marriage. This results in a longer period of time of sexual maturity for young people before marriage and family-building starts, thus increasing the sexual health risks for adolescents. As average family size has gradually decreased, the process of child-bearing is becoming condensed into an even shorter period of a few years, as compared with the 10-15 years that was the case in the past. The result is a much longer period of sexual, but not reproductive, activity after the family has been formed and during which no additional children are desired. This has implications for contraceptive needs, particularly for long-term methods, and for other reproductive health issues such as unwanted pregnancy, abortion and sexually transmitted diseases (STDs). As mortality

and fertility both continue to decline, population ageing and its social and economic consequences, already a concern in industrialized countries, is an emerging concern in almost every developing country as well. Finally, high rates of urbanization, with their social and economic implications, are an increasing concern for many countries.

10. The tasks set out in the ICPD Programme of Action, which have been further elaborated in the ICPD+5 process, are clearly beyond the capacity of any single organization to achieve. Therefore, UNFPA will continue to strengthen working arrangements both within and outside the United Nations system as discussed further in Section III of this report in order to assist countries in their efforts to achieve the ICPD goals.

II. RESPONDING TO ICPD+5

A. The challenges of the ICPD+5

11. The ICPD+5 key actions document, while essentially reaffirming the principles, goals and objectives of the ICPD Programme of Action, highlighted a number of areas requiring greater action and identified some emerging areas for attention. New benchmarks for the ICPD goals as well as a new goal and benchmarks for HIV/AIDS were elaborated in five paragraphs – 34, 53, 55, 64 and 70 (see annex 1). The role of UNFPA and relevant United Nations agencies and organizations were mentioned in a number of paragraphs, notably 23, 38, 40, 55, 61, 66, 70, 89, 103 and 104 (see annex 2). The following paragraphs briefly identify a number of areas of continuing focus for UNFPA, as well as areas that require greater attention as a result of the resolution of the 21st special session.

12. Although the ICPD+5 review demonstrated that the concept of reproductive health is now largely accepted, many countries still need technical and financial assistance in order to operationalize that concept in their own programmes, both in terms of integrating various components of reproductive health care and in terms of improving the management of services and the quality of care. Also, within the overall context of health sector reform, it has become clear that countries need further assistance in assuring the place of reproductive health services in the context of sector-wide approaches (SWAps), in the financing of SWAps, and in ensuring that the strengthening of reproductive health, including family planning and sexual health, services will continue to contribute to the overall strengthening and sustainability of basic health services (para. 52(a) of the key actions document).

13. The key actions document also reaffirmed in paragraph 3 that "the promotion of the responsible exercise of those [reproductive] rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning".

14. Reproductive health, including family planning, commodity needs continue to increase in line with the growth in the number of persons in the reproductive health age group and as the use of reproductive health services increases. As recommended, the Fund, in its overall work and through the work of the Global Initiative on Reproductive Health Commodity Management, will

continue to assist countries to ensure the widest availability of reproductive health, including family planning, products and services.

15. Addressing the reproductive and sexual health needs of young people, particularly adolescents, has increasingly become an area of active engagement for the Fund since the ICPD. The size of the cohort of adolescents continues to increase and the scope and extent of sexual and reproductive health risks and problems affecting adolescents worldwide cannot be over-emphasized. The key actions document reaffirmed commitments concerning adolescent reproductive health set forth in the ICPD Programme of Action; recognized the rights of adolescents to reproductive health education, information and care "with due respect for the rights, duties and responsibilities of parents"; and urged the need for user-friendly and accessible services to address effectively their reproductive and sexual health needs (paras. 73-75).

16. The ICPD+5 review recognized that the HIV/AIDS pandemic was significantly more severe than had been anticipated in 1994. The future actions document strongly expressed the need for urgent action to address the problem, including strengthening interventions aimed at assisting individuals, particularly women and young people, to protect themselves against HIV/AIDS and other STDs (paras. 67-72).

17. In the area of maternal mortality reduction, progress has not been as great as expected at the time of the ICPD. However, many small-scale projects aimed, for example, at increasing access to skilled maternal care are beginning to yield positive results. Although abortion appears to be declining, especially in countries where family planning is increasingly available, it continues to be a major public health issue and a human tragedy that requires urgent attention. It will be necessary to implement effective strategies for strengthening maternal health programmes on a large scale if the ICPD goals for maternal mortality reduction are to be achieved (paras. 62-66).

18. Creating an enabling environment is also a requisite for the achievement of reproductive health and rights. The key actions document reiterated the role that gender equity, equality and empowerment of women play in the overall process of development and the need to eliminate all forms of discrimination against women as a prerequisite for ensuring the highest standards of reproductive and sexual health. The ICPD+5 process reaffirmed the vital importance of gender equality as an important goal in and of itself but also for achieving the overarching global goals of poverty eradication and improved quality of life; and for enabling women and men to achieve reproductive health. The Fund's MYFF thus identifies gender equality and women's empowerment as a UNFPA goal and reaffirms that the persistence of social and cultural attitudes that discriminate against women continue to obstruct the realization of gender equality. Violence against women and the girl child is common and often results in sexual and reproductive disorders. In many countries, early marriage, which generally leads to early pregnancy, not only cuts women's education short but is linked to higher levels of maternal and neonatal morbidity and mortality. The ICPD+5 review urged countries to act to eliminate gender-based violence and other harmful practices, including FGM.

19. The ICPD+5 review recognized the changing composition of the world's population, with ever-larger numbers of elderly and young people and stressed the need to strengthen national data systems to monitor, analyse and assess the causes and consequences of demographic trends, such as ageing and migration (paras. 21-23).

20. The key actions document also highlighted the need in many parts of the world to focus operational programmes on specific groups of needy beneficiaries such as the poor, the disadvantaged, adolescents, refugees, migrants and displaced persons. Within each category, there was a recognition that women and young girls were often the most disadvantaged.

21. Emergencies -- both natural disasters and conflicts -- affect growing numbers of people. Meeting the basic reproductive health needs of refugees, internally displaced persons and migrants is essential, as persons in these situations, particularly women and young people, often have little or no access to needed sexual and reproductive health services while, at the same time, they are at a greater risk of STDs and gender violence. In particular, population displacement seems closely related to the spread of HIV/AIDS, and prevention efforts are particularly important in such situations. Documenting and meeting the reproductive health needs of persons in emergency situations continues to be a priority (para. 54). Advocacy efforts should also work to ensure that reproductive health is mainstreamed into all relief and rehabilitation programmes. UNFPA's role in emergency situations is discussed in a report to the Executive Board's annual session 2000 (DP/FPA/2000/12).

B. Proposed UNFPA substantive focus

22. This section indicates UNFPA's proposed substantive focus, within each of the Fund's three priority areas, in response to the challenges laid down by the ICPD+5. These areas of substantive focus are closely linked to the results outlined in the MYFF 2000-2003. The MYFF identifies the results that the Fund as a whole is working to achieve at two levels – goals and outputs. The table below summarizes these results as endorsed by the Executive Board in its decision 2000/9.

MYFF 2000-2003 Results Framework – UNFPA Goals and Outputs

1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life.	i) Increased availability of comprehensive reproductive health services.
	ii) Improved quality of reproductive health services.
	iii) Improved environment for addressing practices that are harmful to women's health.
2) There is a balance between population dynamics and social and economic development.	iv) National development plan and sectoral plans in line with ICPD Programme of Action.
	v) Increased availability of sex-disaggregated population data.
3) Gender equality and empowerment of women are achieved.	vi) Increased information on gender issues.

23. As stated in paragraph 7 above UNFPA proposes to continue to concentrate its funding in the three programme priority areas adopted in decision 95/15, namely, reproductive health, including family planning and sexual health; population and development strategies; and advocacy. These programme areas are clearly reflected in the goals selected for the MYFF framework. The MYFF also identifies advocacy as a major strategy to achieve the proposed results, along with three other strategies -- strengthening national capacity; building and using a knowledge base; and promoting, strengthening and coordinating partnerships. The operationalization of reproductive health services is captured in the MYFF by its outputs: increased availability of comprehensive reproductive health services; improved quality of reproductive health services; and improved environment for addressing practices that are harmful to women's health.

1. Reproductive health, including family planning and sexual health

Substantive focus

24. In the area of reproductive health and rights, UNFPA will focus on the following: family planning; maternal health and maternal mortality and morbidity reduction; prevention and management of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs); and prevention of HIV/AIDS. Priorities among these core components will be determined by the specific needs of individual countries. Other components of reproductive health may be supported in accordance with national needs and the level of development of national health systems. The Fund will also support various measures to create an enabling environment that will maximize the operationalization of reproductive health services in order achieve the outputs set forth in the MYFF.

25. Maternal health. In order to assist countries to improve maternal health and reduce maternal mortality and morbidity, the Fund will focus its support on three critical areas: ensuring the availability of family planning services and commodities so that all pregnancies are planned and recourse to abortion is avoided; ensuring that every woman has a skilled attendant at the time of delivery; and ensuring that every woman has access to assisted delivery and emergency care in case of complications. Data will be collected to monitor the availability and use of obstetric services. During the post-partum period, family planning counselling and provision of contraceptives compatible with breast-feeding will be emphasized. As part of this strategy, and as recommended by the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) in its December 1999 meeting and in an October 1999 Joint Statement on Maternal Mortality Reduction of WHO, UNICEF, UNFPA and the World Bank, stronger country-level collaboration and coordination mechanisms for all appropriate partners are being put in place in order to strengthen safe motherhood initiatives.

26. Given the fact that the health and social status of women are vital determinants of their capacity to successfully face the challenges and risks of pregnancy and delivery, the Fund will continue to advocate for girls and young women to have access to nutrition, health care, education, and life and development opportunities that help ensure their equal status with men.

Delaying the age at marriage and first birth, including for married couples, spacing pregnancies, and decreasing the incidence of unintended pregnancy, especially among young people, remain priority actions that will be achieved mainly through community mobilization. The Fund will continue to help countries strengthen their management capacities so that adequate supplies of safe, affordable reproductive health commodities can be assured.

27. Adolescent reproductive health. The Fund is strongly committed to promoting the health and development of adolescents and involving adolescents in all activities that affect their lives, including their sexual and reproductive health. Within the social and cultural context of each country, UNFPA's objective is to ensure that adolescents receive the information and care that enables them to make responsible decisions to protect themselves from undesirable sexual and reproductive health outcomes. Those include: unwanted pregnancy, STDs and HIV/AIDS, maternal mortality and morbidity, sexual violence and rape. Strategies will include promoting a better understanding of the needs of adolescents among, for example, policy makers, legislators, service providers, parents and community leaders; promoting South-South exchanges of best practices; promoting youth-to-youth counseling; and supporting the provision of appropriate information and services on sexual and reproductive health through all appropriate entry points.

28. Prevention of RTIs and STDs, including HIV/AIDS. Preventing reproductive tract infections (RTIs) and STDs helps prevent many other serious reproductive health problems, such as HIV/AIDS transmission, secondary infertility, and cervical cancer, as well as improve the overall well-being of women and men. UNFPA will focus its support on strengthening the prevention, diagnosis and treatment of RTIs and STDs within the context of reproductive health information and services at the primary health-care level. The Fund will continue to look to WHO for technical guidance on the most appropriate and effective means to operationalize this component of reproductive health services.

29. UNFPA will provide support for the development of new reproductive health technologies and protocols to prevent, diagnose and treat RTIs and STDs. The use of effective information, education and communication (IEC) strategies to help individuals change their behaviours and thus reduce their risks of contracting RTIs and STDs is a central component of preventive measures. Since over half of all new STDs are among young people, they represent a major target group for such efforts. In addition, ensuring supplies of appropriate reproductive health commodities, such as condoms, will continue to be vital to combatting the spread of STDs and HIV/AIDS.

30. The Fund's support in the area of HIV/AIDS will be strengthened but will continue to focus mainly on prevention of HIV transmission. UNFPA will continue to promote HIV prevention as an essential component of reproductive health services by working to ensure that all persons have the information, knowledge, means and ability to protect themselves from infection. UNFPA will focus its attention on prevention in adolescents, particularly young girls and women, and on certain components of programmes to address mother-to-child transmission. The responsibility of men in preventing STD and HIV transmission will be an integral part of the overall approach, as will enabling women to protect themselves with anti-retroviral treatment in post-rape, condom failure, or other HIV risk situations.

31. The Fund will continue to seek technical policy and guidance from UNAIDS in the area of HIV/AIDS and will continue to work within the collaboration mechanisms of UNAIDS, particularly at the country level. In order to maximize the efficient and effective use of technical resources from various agencies, UNAIDS-funded specialists in STD and HIV prevention are being placed in a number of UNFPA Country Technical Services Teams (CSTs).

32. Elimination of harmful traditional practices. The Fund's approach to the eradication of harmful traditional practices, especially FGM, will include support to: national workshops to assist Governments in setting clear policies against FGM, including, where appropriate, passing legislation; training reproductive health providers; producing culturally appropriate information materials and carrying out action-oriented research on sociocultural aspects of FGM, on its obstetrical and gynaecological consequences, and on the perceptions and motivations of providers. The Fund will continue to involve community and religious leaders; peers and peer groups; the media; and NGOs particularly women's community groups in its advocacy against FGM. UNFPA will also intensify its advocacy activities with regard to other manifestations of violence against women, such as domestic and sexual violence, battering, honour killings, dowry deaths and trafficking of adolescent girls and women.

33. Reproductive health commodity security. UNFPA will take a lead role in reproductive health, including family planning, commodity security. This will mean working to ensure the continuing availability at service delivery points of high-quality reproductive health, including family planning, products. A global strategy and action plan to ensure the security of reproductive health commodities is currently under preparation. It will identify and clarify UNFPA's role in promoting and coordinating the strategy and action plan, UNFPA's specific contribution in terms of commodity support and strengthening logistics management, and the roles and commitments of such other partners as United Nations agencies, bilateral donors, the private sector, foundations and NGOs.

34. Each additional method of family planning that becomes available increases the choices for individuals and couples, and there is a continuing need to ensure that such products are safe and effective. UNFPA will therefore continue to provide support for research and development on new and improved family planning methods and reproductive health products and for the continuing assessment of their safety and effectiveness. The Fund will also advocate for other donors and the private sector to increase their financial support for development and testing of new products.

35. The Fund will also promote the introduction into national programmes of new and less known methods of family planning in order for women and men to have wider choices to meet their needs and protect their reproductive health, particularly at different times of the lifecycle, in line with paragraph 57(a) of the key future actions document.

36. UNFPA will also work to ensure that the quality, availability and logistics management of both male and female condoms for STD and HIV prevention are a key component of the Fund's approach to reproductive health commodity security. The Fund will also make available

its procurement and logistics management capacity and expertise for drugs and supplies for HIV treatment and care not supported from UNFPA core funds. Finally, UNFPA will provide support to the development of microbicides and other female-controlled methods for STD and HIV prevention.

Creating an enabling environment

37. UNFPA's overall strategy in the area of reproductive health will continue to be guided by the needs of countries and by a public health, pragmatic and participatory approach. The Fund will promote a primary health care approach; the use of evidence-based effective interventions; an incremental approach to the eventual achievement of comprehensive access to reproductive health services; and an approach that balances, as appropriate, service integration with referral mechanisms. Access and quality will continue to be emphasized as vital elements for client satisfaction, and UNFPA will continue to support approaches that promote the important contributions of the public, NGO and private sectors.

38. The Fund will continue its major role as an advocate for reproductive health and rights and will take a lead role in assisting Governments to coordinate their policy and strategy dialogue on these issues and to coordinate overall support to national reproductive health programmes. The Fund will strengthen its capacity to collect and disseminate the latest knowledge and best practices concerning reproductive health technologies and strategies in order to assist countries to implement reproductive health services as effectively as possible. UNFPA will promote the inclusion of all stakeholders in the coordination process, which will be modeled on best practice experience. As recommended in paragraph 89 of the key actions document, this process will continue to clarify the specific roles and responsibilities of United Nations agencies and organizations in the area of reproductive health and thus strengthen system-wide United Nations coordination.

39. UNFPA-supported programmes will continue to reflect the fact that the main burden of reproductive health continues to fall on women. However, since men have an important responsibility for protecting both their own reproductive health as well as that of their partners, programmes will increasingly involve men. The programmes will address the roles and responsibilities of men in protecting women's rights; in supporting women's access to sexual and reproductive health services; and in protecting girls and women from coercion and violence.

40. In assisting countries to operationalize reproductive health services, particular attention will be paid to a number of issues. For example, quality-of-care frameworks initially developed for family planning will be expanded to cover all components of reproductive health. The provision of reproductive health services will stress a client perspective. Knowing that in many circumstances the same person is responsible for providing information and services on a number of reproductive health components, training of service providers will take this into account and will also focus on training service providers in knowing where and when to refer clients.

41. The Fund recognizes that reproductive health is not assured by access to services alone but is also determined by such prerequisites as nutrition, health, and education for girls for which the Fund will continue to advocate. Gender concerns will also continue to be an integral component of all aspects of UNFPA's work, and efforts to take account of and mainstream gender into all the Fund's programmes will be strengthened. The Fund will also promote the involvement of women and women's groups in the planning and delivery of reproductive health services as an essential element in ensuring the acceptability of services and of meeting women's needs.

42. In those countries in which sector wide approaches (SWAps) exist, the Fund is aligning its support for reproductive health programmes with them. This is discussed in more detail in document DP/FPA/2000/CRP.3, presented to the second regular session 2000 of the Executive Board. In all countries, regardless of the presence or absence of a SWAp, the Fund seeks to ensure, under the leadership of WHO as recommended in paragraph 66 of the key actions document, that its support for gender-sensitive reproductive health services also promotes and contributes to the overall strengthening of basic health services.

2. Population and development strategies

43. The proposed ICPD+5 focus of UNFPA in the area of population and development is reflected in the MYFF goal of creating a balance between population dynamics and social and economic development. The Fund's focus will be on building and using a knowledge base to strengthen the process of development in line with the ICPD Programme of Action and, more specifically, to contribute towards monitoring and achieving the goals related to population and reproductive health expressed in the key actions document. The Fund will continue to promote the importance of a gender focus and sex-disaggregated data and analysis in the work that it supports (paras. 39-51 of the key actions document).

44. Strengthening national policy development. Strengthening the institutional, policy-making and planning capacities of countries is essential for effective national development planning. It is also essential if developing countries and those with economies in transition are to participate more effectively in a globalized economy. The Fund will therefore continue to support research and policy analysis to strengthen the understanding of linkages between population and the economy, poverty, food security, environment and health. This will involve institutional and human capacity-building, including the strengthening of national expertise, and effective linkages to external knowledge networks.

45. Data systems and indicators. Reliable and timely data are an essential element in improving the ability of Governments to identify needs and priorities and to formulate effective policies and programmes to address population and development and reproductive health concerns. The Fund will, therefore, continue to promote the strengthening of national data systems for the collection, analysis and dissemination of relevant population and development data and, on a selective basis, provide support for such strengthening. The strengthening of data systems will emphasize the need for countries to monitor their individual progress towards international social development goals, particularly the goals and benchmarks of the ICPD and

related conferences. In order to reach those goals, countries will need to pay particular attention to gender-disaggregated, sub-national and poverty-related indicators.

46. In addition to limited support for population censuses, surveys and related health information systems, the use of cost-effective rapid assessment techniques of data collection will be encouraged. A specific focus will be the strengthening of gender-sensitive data systems for the planning, management, implementation, monitoring and evaluation of reproductive health services in the context of health management information systems. The strengthening of such systems will also enable the Fund to respond to the monitoring, evaluation and reporting requirements of the MYFF.

47. Migration and population distribution. UNFPA will continue to support, on a selective basis, the conduct of policy-relevant and operationally-relevant research in order to better understand the causes and consequences of international migration flows as well as the internal movements of people that lead to rapid urbanization. The Fund will be especially concerned with the gender, health and social dimensions of such population movements. There is also a need for policy-related research to understand better how population distribution trends affect the ability of Governments to deal with such issues as globalization, sustainable development, urbanization and conflicts.

48. Population ageing. Population ageing is a major challenge in those developing countries that are already advanced in the demographic transition, and it is an emerging issue for most other developing countries as well. These countries often lack the institutional and economic resources to respond to the basic needs of older persons. The Fund will seek to strengthen national capacities of developing countries to collect data and carry out policy research to better meet the needs of older populations and will advocate and promote these needs in various forums leading to and beyond the World Assembly on Ageing + 20, which is to be held in 2002. The emphasis will be on achieving an approach that gives due weight to gender dimensions, the poor and the disadvantaged.

49. Gender, population and development. Innovative policies and programmes are required to help promote gender equality, equity and the empowerment of women. UNFPA will selectively support such initiatives, particularly among poor communities, that help to widen choices and increase women's inclusion and power in population and development processes, especially in the areas of education, health and employment.

50. Population education. The Fund works very closely in the education sector, including on education SWAps, with a number of partners, including UNESCO, UNDP, UNICEF and the World Bank. The Fund's specific role is to advocate for and promote internationally agreed education goals and, particularly, for the elimination of all gender differentials and to strengthen national capacity to ensure that population and reproductive health education are core components of all education programmes. The content of such programmes includes life skills development; gender relations; sexual and reproductive health education, including on the risks of STDs and HIV/AIDS and unwanted pregnancy; violence against girls and women; family life education; and the causes and implications of demographic trends.

3. Advocacy

51. Advocacy is both a programme priority area and one of the major strategies through which the Fund seeks to achieve its results. UNFPA will continue to advocate for the goals of the ICPD and for those of the key actions document of the ICPD+5. The substantive content of the Fund's work will focus on advocacy for the mobilization of the national and international resources needed to meet the goals of the ICPD and the benchmarks of ICPD+5; advocacy for rights to reproductive health and for gender equity and equality and women's empowerment; and advocacy for the core substantive focus areas of the Fund in terms of reproductive health and population and development strategies. The aim is to move reproductive health and population up on the development agenda and to promote needed domestic and international policy change.

52. In addition, the Fund will lend its voice on development issues not directly funded through its core programme areas that contribute both to establishing an enabling environment for reproductive health and population programmes and to the broader overall process of development. These include, among others, poverty eradication, the education of the girl child, the role and status of women, provision of economic opportunities and employment for women, migration, and the environment. In its work in these areas, the Fund will promote the strategic use of new information and communication technologies.

III. WORKING ARRANGEMENTS AND COORDINATION MECHANISMS

53. In order to achieve its programme priorities as reflected in the ICPD+5 process, UNFPA will continue to work with a large number of partners through a wide variety of mechanisms. First and foremost, the Fund will continue to work closely with the Governments of programme countries to ensure that UNFPA-supported programmes are in accordance with national goals, priorities and strategies. It will also continue to work with other agencies and organizations in the United Nations system, including in particular the United Nations Development Group (UNDG), as well as other multilateral and bilateral donors, the World Bank and regional development banks, and NGOs, to ensure that UNFPA's activities are part of a coordinated approach by all partners in the development process and that each organization has a clearly defined role in this process. UNFPA's Technical Advisory Programme (TAP) will serve an important role in undertaking interregional syntheses of experiences, lessons learned and best practices for improving subprogrammes and projects.

54. There are an increasing number of mechanisms available to facilitate such coordination, including the Common Country Assessments (CCAs), United Nations Development Assistance Frameworks (UNDAFs) and the Fund's own Country Population Assessments (CPAs), among others. The Fund will work with all partners on linkages between the Comprehensive Development Frameworks (CDFs) and the Poverty Reduction Strategy Papers (PRSPs) on the one hand and the CCA, UNDAF and other instruments on the other hand. Strengthened coordination within the CCA and UNDAF at the country level are seen by the partners in the United Nations system as being vital to the achievement of more effective support to national programmes. In addition, in different countries, relevant partners have set up theme groups to

discuss coordinated action in specific areas, such as combatting the spread of HIV/AIDS, and the Fund participates in these groups wherever appropriate. The Fund will continue to engage actively in the SWAp modality, which foresees heightened financial cooperation between Governments and donors in different social and development sectors.

55. In addition to the various means of harmonizing the activities of different partners at the national level, mechanisms at global level, such as the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH), further support and reinforce policy and programme coordination. In December 1999, for example, the CCH made recommendations for strengthening collaboration between and among the three member organizations in the areas of maternal mortality and morbidity, HIV/AIDS, adolescent health and immunization. The conclusions and recommendations of this meeting, along with a memorandum from UNFPA's Executive Director in regard to follow-up actions, have been circulated to all UNFPA country offices.

56. In the area of reproductive health, UNFPA continues to look to WHO, and also to UNAIDS, to provide the overall policy framework for reproductive health services; to provide technical and managerial guidance and support; to set standards and norms; and to coordinate research and development efforts for the full spectrum of reproductive health activities. Under the leadership of WHO, United Nations agencies and other partners are working towards consensus on a core set of universal standards for user-friendly reproductive health care and on indicators to monitor achievements in both coverage and quality of reproductive health care.

57. The Fund continues to work closely with UNICEF in assisting countries to operationalize various components of reproductive health services, such as reducing maternal mortality, preventing HIV/AIDS and promoting adolescent health and development. In the area of gender, UNFPA and UNICEF, together with UNIFEM and women's groups from various sectors, work closely on advocacy for women's empowerment and rights, eradication of harmful traditional practices such as FGM and of all forms of violence against girls and women, and on collection of data disaggregated by gender. Changing policies and family codes and enacting laws that protect women's rights are all part of this work. The involvement and participation of men and adolescent boys are increasing areas of focus for all the partner organizations.

58. UNFPA is developing stronger and more frequent interaction with the World Bank and other development banks, both at the technical level and at the implementation level. For example, the World Bank has made increased use of UNFPA's procurement services in its support of overall health infrastructure development. In the area of training, UNFPA is a co-sponsor of the World Bank Institute's course on population, reproductive health and health sector reform. UNFPA will continue to seek closer collaboration with the World Bank and to stress the importance of coordination between the UNDAF, CCA, the CDF and PRSP processes, especially on the fundamental need for ownership of these processes by Government.

59. One of the main goals of all the efforts at enhanced coordination and collaboration is to develop common databases and indicators and to build sustainable national statistical capacity within which countries will be better able to monitor their progress towards reaching ICPD goals. In this regard, UNFPA supports the Paris 21 initiative, which seeks to build on other

ongoing initiatives to strengthen national statistical capacity, through multilateral donor coordination involving the United Nations, the World Bank, the International Monetary Fund (IMF) and the Organization for Economic Cooperation and Development (OECD). Within the United Nations system, the Fund continues to work closely with the United Nations Statistics Division to provide technical assistance and mobilize resources for population and housing censuses and demographic and health surveys. Close collaboration also continues with UNESCO, FAO, United Nations regional commissions, and ILO on a number of population-related issues. The Fund continues to work closely with the Commission on Population and Development, the Commission on the Status of Women, the United Nations Population Division, the United Nations Statistics Division and treaty body organizations in the follow-up to the ICPD and other relevant international conferences.

60. In other thematic areas that were highlighted in the ICPD+5 review, such as ageing and population linkages with poverty and the environment, UNFPA will continue to work closely with United Nations system partners, including the Department of Economic and Social Affairs (DESA), the regional economic and social commissions, the United Nations National Institute for Ageing in Malta and the United Nations Environment Programme (UNEP). The Fund will also continue to sponsor regional and inter-regional research on population and development issues with international NGOs, such as The Population Council, in close collaboration with partner countries.

61. As indicated earlier in this document, partnerships with civil society and private sectors organizations are being reinforced in many areas, including reproductive health commodity security, resource mobilization, quality assurance, service delivery, advocacy and monitoring accountability. At the national level, key partners include national NGOs, academic institutions, organizations serving women and youth, the media, local government officials and parliamentarians.

62. Partnerships with both national and international NGOs are particularly critical in carrying out advocacy activities. UNFPA will continue to build strong and dynamic partnerships for advocacy at the international, regional and national levels. These partnerships will become increasingly critical for such issues as adolescent reproductive and sexual health; the reproductive health of the poor and disadvantaged; elimination of gender-based violence; the recognition of reproductive rights as humans rights; and resource mobilization. In addition to such United Nations partners as UNAIDS, UNICEF, UNHCR and the United Nations High Commission for Human Rights, the Fund will continue to work with bilateral agencies and with international NGOs, as well as with communities and civil society organizations.

63. As the world moves towards a globalization of knowledge and information resources through the Internet, UNFPA will increasingly work with Governments as well as NGOs and the private sector in order that countries can avail themselves of these new opportunities. UNFPA will work with other agencies and partners, such as UNDP, the World Bank, UNESCO, international NGOs, and telecommunication operators, Internet service providers and other commercial interests to promote access to new communication technologies and, through them, the global knowledge base on population and reproductive health.

64. Finally, the further strengthening of South-to-South networks and mechanisms will continue to be a major priority for the Fund in order to facilitate the process of countries' sharing and learning from each other's experiences.

IV. ELEMENTS OF A DECISION

65. The Executive Board may wish to:

(a) Take note of this report;

(b) Endorse the continuing use of UNFPA's three core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy;

(c) Endorse the proposed substantive focus within each programme priority area as set forth in this report;

(d) Endorse the Fund's overall approach to collaboration and coordination within the United Nations Development Group and with WHO, UNICEF, the World Bank and regional development banks, UNAIDS, the United Nations Population Division, the United Nations Statistics Division, UNESCO, ILO, FAO, UNEP, other United Nations agencies and organizations; non-governmental organizations; and the private sector;

(e) Note the critical need for increased mobilization of resources from all sources, including from national governments, bilateral donors, the private sector and individual families.

ANNEX I

Interim Benchmarks Agreed at the Special Session on ICPD+5

The interim benchmarks for achieving ICPD goals agreed by consensus at the special session* are listed below:

(a) The 1990 illiteracy rate for women and girls should be halved by 2005; and by 2010, the net primary school enrolment ratio for children of both sexes should be at least 90 per cent;

(b) By 2005, 60 per cent of primary health care and family planning facilities should offer the widest achievable range of safe and effective family planning methods, essential obstetric care, prevention and management of reproductive tract infections including sexually transmitted diseases, and barrier methods to prevent infection; 80 per cent of facilities should offer such services by 2010, and all should do so by 2015;

(c) At least 40 per cent of all births should be assisted by skilled attendants where the maternal mortality rate is very high, and 80 per cent globally, by 2005; these figures should be 50 and 85 per cent, respectively, by 2010; and 60 and 90 per cent by 2015;

(d) The gap between the proportion of individuals using contraceptives and the proportion expressing a desire to space or limit their families should be reduced by half by 2005, by 75 per cent by 2010, and by 100 per cent by 2015. Recruitment targets or quotas should not be used in attempting to reach this goal; and

(e) To reduce vulnerability to HIV/AIDS infection, at least 90 per cent of young men and women, aged 15 to 24, should have access by 2005 to preventive methods -- such as female and male condoms, voluntary testing, counseling, and follow-up, and at least 95 per cent by 2010. HIV infection rates in persons 15 to 24 years of age should be reduced by 25 per cent in the most-affected countries by 2005 and by 25 per cent globally by 2010.

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* Source: *Report of the Secretary-General of the twenty-first special session for an overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (document A/54/442).*

ANNEX II

The following paragraphs have been extracted from General Assembly document A/RES/S-21/2

RESOLUTION ADOPTED BY THE GENERAL ASSEMBLY

S-21/2. Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development

Changing age structure and ageing of the population

23. The United Nations system should, provided that additional resources are made available, document the positive experience of policies and programmes in the area of ageing of men and women and disseminate information and recommendations about those practices. Countries should be enabled, through adequate training and capacity-building, to evolve their own policies appropriate to their cultures, traditions and socio-economic circumstances.

Data systems, including indicators

38. The United Nations system and donors should be specifically urged to strengthen the capacity of developing countries, particularly the least developed countries, and those with economies in transition, to undertake censuses and surveys on a regular basis so as to improve vital registration systems, and to develop innovative and cost-effective solutions for meeting data requirements, especially for regular monitoring of the implementation of the goals of the International Conference on Population and Development, including improved estimates of maternal mortality.

Promotion and protection of women's human rights

40. The implementation of population and development policies by Governments should continue to incorporate reproductive rights in accordance with paragraphs 1.15, 7.3 and 8.25 of the Programme of Action. Governments should take strong measures to promote the human rights of women. Governments are encouraged to strengthen, as appropriate, the reproductive and sexual health as well as the reproductive rights focus on population and development policies and programmes. The work of relevant United Nations bodies on indicators for the promotion and protection of the human rights of women should incorporate issues related to sexual and reproductive health. Governments should ensure the protection and promotion of the rights of adolescents, including married adolescent girls, to reproductive health education, information and care. Countries should establish mechanisms for consultation with all relevant groups, including women's organizations. In this context, Governments are urged to incorporate human rights into both formal and informal education processes.

Reproductive health, including family planning and sexual health

55. Increased efforts are needed by the United Nations system, with support from the international community, to develop and agree upon common key indicators on reproductive health programmes, including, *inter alia,* family planning, maternal health, sexual health, sexually transmitted diseases, HIV/AIDS, and information, education and communication for appropriate consideration in the relevant

intergovernmental process. Bearing in mind the efforts made by national Governments, the World Health Organization is invited to take the lead role in this area, in coordination with the United Nations Children's Fund, the United Nations Population Fund, the United Nations Development Programme, the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, the Department of Economic and Social Affairs of the Secretariat and other relevant United Nations entities, drawing on other expertise and knowledge as appropriate. Indicators on maternal and neonatal mortality, maternal morbidity and maternal health programmes should be given a prominent place, in order to monitor progress effectively and ensure that priority is given to reproductive health care in the provision of general health services. The international community is encouraged to provide financial and technical assistance to developing countries to improve their capacity-building in terms of indicators, data collection, monitoring, and evaluation in this field.

Ensuring voluntary quality family-planning services

61. The United Nations Population Fund is urged to continue to strengthen its leadership role within the United Nations system in assisting countries to take the strategic action necessary to ensure availability of reproductive health services and choice of reproductive health products, including contraceptives.

Reducing maternal mortality and morbidity

66. The World Health Organization, in cooperation with other relevant United Nations bodies, is urged to fulfil its leadership role within the United Nations system in assisting countries, in particular developing countries, to put in place standards for the care and treatment for women and girls that incorporate gender-sensitive approaches and promote gender equality and equity in health-care delivery and to advise on functions that health facilities should perform to help guide the development of health systems to reduce the risks associated with pregnancy, taking into consideration the level of development and the economic and social conditions of countries. At the same time, United Nations agencies, including the United Nations Population Fund and the United Nations Children's Fund, and multilateral development banks, such as the World Bank, should intensify their role in promoting, supporting, advocating for and investing in action to improve maternal health.

Prevention and treatment of sexually transmitted disease, including human immunodeficiency virus/acquired immunodeficiency syndrome

70. Governments, with assistance from the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.

PARTNERSHIPS AND COLLABORATIONS

89. All relevant bodies and entities of the United Nations system should continue to clarify, within existing mechanisms, their specific leadership roles and responsibilities and continue to strengthen their efforts to promote system-wide coordination and collaboration, especially at the country level. The

intergovernmental work of the Commission on Population and Development should be reinforced, as should also the inter-agency coordination role of the United Nations Population Fund, in the field of population and reproductive health.

MOBILIZING RESOURCES

103. Governments, in cooperation with the United Nations Population Fund as appropriate, should seek to ensure full and regular monitoring of resource flows, paying particular attention to transparency and accountability for the costed population and reproductive health package included in the Programme of Action. Non-governmental organizations may provide the necessary information, as appropriate, in this regard.

104. Countries, especially developed countries, are urged to increase substantially their voluntary contribution to the United Nations Population Fund, as well as to other relevant United Nations programmes and specialized agencies, so that they will be in a better position to assist countries to implement further the goals and objectives of the Programme of Action, including reproductive health programmes.

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